



October 17, 2014

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: September 2014 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

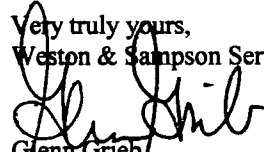
Please find enclosed the September 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.
- Quarterly Bioassay results were >100%.

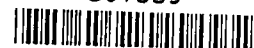
Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager  
Enclosure

**Cc: Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Mark Devine – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.**

307559



<b>Connecticut</b> 273 Dividend Road Rocky Hill, CT 06067	<b>Rhode Island</b> 477B Tiogue Avenue Coventry, RI 02816	<b>New Hampshire</b> 100 International Drive Suite 152 Portsmouth, NH 03801	<b>Maine</b> PO Box 189 York, ME 03909	<b>Vermont</b> 96 South Main Street Suite 2 Waterbury, VT 05676	<b>New York</b> 301 Manchester Road Suite 201A Poughkeepsie, NY 12603	<b>Florida</b> 1990 Main Street Suite 750 Sarasota, FL 34236
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*When it's essential...it's Weston&Sampson.®*

Date September 16. 2014

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH 

0	9
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 YEAR 

1	4
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**Others**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
6	0	8	8	8	4	3	8	8	6	0	6	4	5	8	8
0	8	8	8	16	0	4	16	16	8	8	16	0	0	16	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30		
8	8	8	4	5	8	9	5	6	6	3	5	8	5		
8	12	16	0	4	8	16	12	0	12	0	0	16	16		

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  

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 \*NJ Permit Equivalent

REPORTING PERIOD  

M	o.	Y	r.
0	9	1	4

M	o.	Y	r.
0	9	1	4

**PERMITTEE:**      Name:      SCA Services, Inc.  
                          Address:      383 Meadow Road  
                                               Edison, New Jersey 08817

**FACILITY:**      Name:      Kin-Buc Landfill  
                          Address:      383 Meadow Road  
                                               Edison, New Jersey 08817  
                          Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
 \_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
 \_\_\_ EPA Form 3320-1

DYE TESTING      YES NO  
                                  \_\_\_ X

SLUDGE REPORT-INDUSTRIAL  
 \_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

TEMPORARY BYPASSING      \_\_\_ X

DISINFECTION INTERRUPTION      \_\_\_ X

WASTEWATER REPORTS  
 \_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

MONITORING MALFUNCTIONS      \_\_\_ X

GROUNDWATER REPORTS  
 \_\_\_ T-VWX-015(A,B) \_\_\_ T-VWX-016 \_\_\_ T-VWX-017  
 \_\_\_ ELECTRONIC SUBMISSION

UNITS OF OPERATION      \_\_\_ X

OTHER      \_\_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

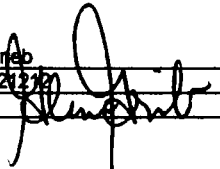
(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

**AUTHENTICATION** I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**LICENSED OPERATOR**

**PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed)      Glenn Grieb  
 Grade & Registry No.      N-4 ; 00242121  
 Signature      

Name (Printed)      Glenn Grieb  
 Title (Printed)      Plant Operations Manager  
 Signature      

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**  
  
**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	09	01	14	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.024562	0.035919	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	8.39	*****	8.52	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.1	0.2	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	24.38	25.20	kg/day	*****	201	228	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	2.60	3.50	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.63	1.19	kg/day	*****	5.36	10.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.11	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 10 16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

**SCA SERVICES, INC.**  
**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**Mark Devine**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	09	01	14	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000139	<0.0000189	kg/day	*****	0.11	0.14	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000135	<0.0000148	kg/day	*****	<0.11	<0.11	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000160	<0.0000175	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000123	<0.0000135	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000123	<0.0000135	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000184	<0.0000202	kg/day	*****	<0.15	<0.15	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000160	<0.0000175	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	5	60			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 10 16		
TYPED OR PRINTED							AREA CODE		NUMBER		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		YEAR MO DAY		



PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

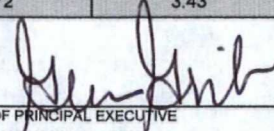
SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	09	01		14	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000110	<0.0000121	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab	
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab	
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000162	<0.0000189	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab	
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000072	<0.0000111	kg/day	*****	0.1	0.1	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000044	<0.0000047	kg/day	*****	<0.04	<0.04	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000059	<0.0000065	kg/day	*****	<0.049	<0.049	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000037	<0.0000040	kg/day	*****	<0.031	<0.031	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000019	<0.0000020	kg/day	*****	<0.016	<0.016	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	TELEPHONE NUMBER		DATE	
Glenn Grieb Project Manager								732	572-4743		14   10   16	
TYPED OR PRINTED												

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)  
<0.00017



PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000035	<0.0000038	kg/day	*****	<0.029	<0.029	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000744	<0.0001424	kg/day	*****	0.7	1.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000015	<0.0000016	kg/day	*****	<0.012	<0.012	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000029	<0.0000034	kg/day	*****	<0.025	<0.025	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000035	<0.0000040	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000035	<0.0000040	kg/day	*****	<0.03	<0.03	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000043	<0.0000050	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 10 16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



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383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
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Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000043	<0.0000050	kg/day	*****	<0.04	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0004446	0.0005180	kg/day	*****	3.80	4.00	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0002539	0.0002963	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0005194	0.0006061	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0005480	0.0009900	kg/day	*****	4.6	7.4	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0001616	<0.0001886	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0033952	0.0040274	kg/day	*****	29.4	30.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 10 16		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



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EDISON, NEW JERSEY  
Mark Devine

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT  
PERMIT NUMBER

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MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
14 09 01 TO 14 09 30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0016982	0.0024515	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0004617	<0.0005388	kg/day	*****	4.0	4.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0332081	0.0469813	kg/day	*****	292.4	424.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0179648	0.0223826	kg/day	*****	156.6	202.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.11	0.14	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 10 16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

**NJPDES BIOMONITORING REPORT FORM-ACUTE TOXICITY  
EPA METHOD 2007.0**

Permit Number #: Permit Equivalent      DSN: 001

Facility name:                                  Kin-Buc Landfill

Facility address:                              383 Meadow Road  
Edison, NJ

Facility contact person:                    Glen Grieb  
Phone number:                                732.581.7800

Acute toxicity laboratory:                QC Laboratories Aquatic Toxicology Division  
1205 Industrial Blvd  
Southampton, PA 18966

NELAC certification number:              PA166

**Test Specifications:**

Effluent Type: Final

Test Type: Modified static renewal (24-hour)

**Test Results:**

Test Start: 09/09/14 14:10

Test End: 09/13/14 13:45

Test endpoint: LC50

Highest percent mortality in top test concentration: 0.0%

**REPORT THIS VALUE..... >100%**

95% Confidence Interval: NA

Test organism:                              Mysid Shrimp  
common nameMysidopsis bahia  
scientific name**Quality Control Summary**

Control Mortality (%): 0.0%

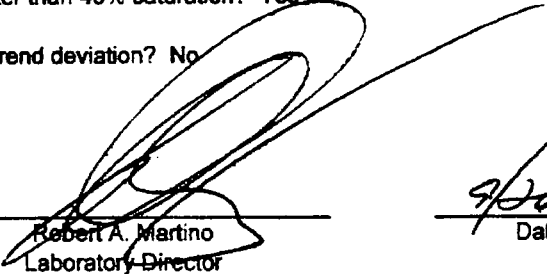
Temperature maintained within 20 +/- 1 °C? Yes

Dissolved Oxygen Levels always greater than 40% saturation? Yes

Two or more concentrations exhibit a trend deviation? No

**Certification:**

Accuracy of report certified by: \_\_\_\_\_

  
Robert A. Martino  
Laboratory Director

Date